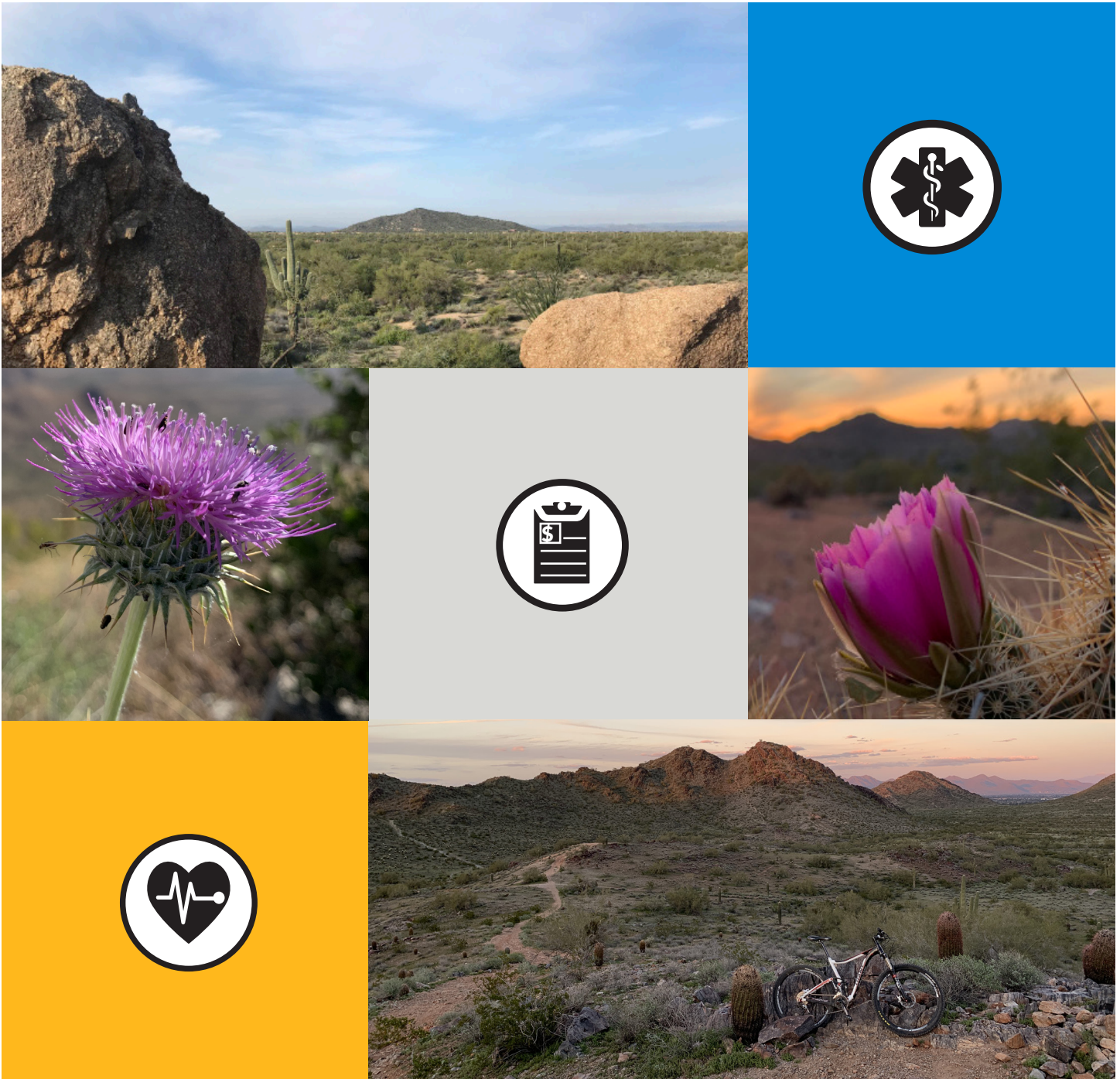


Maricopa County Employee Benefits Program

# 2020-21 COBRA Open Enrollment Guide



## Your Benefits. Your Choice.

**Open Enrollment is April 13 - May 8, 2020**

Make your elections in the BenefitSolver Portal: [benefits.maricopa.gov](https://benefits.maricopa.gov)

Keyword: maricopa

**For additional resources:** [www.maricopa.gov/benefits](https://www.maricopa.gov/benefits)



# What's New for 2020-2021

Maricopa County provides access to high quality, affordable healthcare. The plan options the County offers are designed to give you choices while maintaining a high level of coverage and financial protection.

If you are switching to a new plan you will receive an ID card. If you do not change plans, you will only receive a new ID card if you are enrolled in the Cigna HMO, UnitedHealthcare PPO Plan, or the UnitedHealthcare HDHP.

Plan changes are described below. Rates are found on page 7.

## Medical Plan Changes

### Cigna HMO Changes in Copay/Services:

- There is a new Comprehensive Oncology/Cancer Support Program
- The copay for Physical Therapy is reduced from \$45 to \$30

### UnitedHealthcare PPO Changes in Copay/Services:

- The copay for Physical Therapy is reduced from \$55 to \$40
- The coinsurance for **outpatient** minor labs, x-rays, outpatient surgery, scopic procedures, and major diagnostics performed in a hospital-based facility is increased from 15% to 25%
  - There is no cost increase to the same services at a hospital as an inpatient

### Cigna HDHP:

- There is a new Comprehensive Oncology/Cancer Support Program

### UnitedHealthcare HDHP:

- The coinsurance for **outpatient** minor labs, x-rays, outpatient surgery, scopic procedures, and major diagnostics performed in a hospital-based facility is increased from 15% to 25%
  - There is no cost increase to the same services at a hospital as an in-patient

## Prescription Plan Changes

### OptumRx Co-Insurance Prescription Plan Changes

*(for members in the Cigna HMO and UnitedHealthcare PPO medical plans)*

- Continuous glucose monitors will be covered under the medical plan, not as a prescription
- The prescription drug formulary will change in January and July

### HDHP Prescription Plan Changes

*(for members in the Cigna HDHP and UnitedHealthcare HDHP medical plans)*

- The prescription drug formulary will change in January and July

### Dental:

- No plan changes

### Vision: EyeMed

- No plan changes



# Plan Overview

## The County's Medical Plans

Maricopa County offers four medical plan options to choose from when selecting the coverage that is best for you and your family. Each medical plan is bundled with a prescription and behavioral health benefit. Your medical plan choices are:

	Vendor/Medical Plan	Prescription	Behavioral Health
1.	Cigna HMO (Coverage is limited to Maricopa County only)	OptumRx Coinsurance Prescription Plan	Magellan Behavioral Health
2.	Cigna HDHP	Cigna HDHP Prescription Plan	Cigna Behavioral Health
3.	UnitedHealthcare PPO	OptumRx Coinsurance Prescription Plan	Magellan Behavioral Health
4.	UnitedHealthcare HDHP	OptumRx HDHP Prescription Plan	United Behavioral Health

### Plan Type Description:

#### HMO (Health Maintenance Organization)

An HMO is managed care directed by a primary care physician (PCP), who issues referrals to specialists and other contracted health care professionals within a defined network of providers. The HMO is the most restrictive form of managed care, but generally has lower premiums and out-of-pocket costs. Coverage is limited to Maricopa County, except for a life threatening emergency. Telehealth is available at no cost.

#### PPO (Preferred Provider Organization)

A PPO offers access to a broad "preferred" provider network of physicians, specialists, and hospitals. Selection of a primary care physician (PCP) is not required, nor are referrals to see other providers within the network. These plans offer more flexibility but often at higher premiums and out-of-pocket costs. Both in and out-of-network coverage is available. Telehealth is available at no cost.

#### HDHP (High Deductible Health Plan)

An HDHP is a health insurance plan with lower premiums and a higher deductible than a traditional health plan. With an HDHP, the plan pays nothing toward health care services, except for in-network preventive care, until the deductible has been met. There is access to a broad range of in-network providers, and both in and out-of-network coverage is available. Telehealth is available.

# Medical Copay/Out-of-Pocket Costs Cigna HMO



Benefit Provision	Cigna HMO In-Network Coverage Only
<b>Plan Deductible</b> (Each Plan works differently. See the Benefits website for more information.)	\$350 Facility Deductible Individual \$700 Facility Deductible Family
<b>Standard Percent of Coinsurance</b>	N/A
<b>Out-of-Pocket Maximum (OOP Max) - Medical/Behavioral Health</b> (See the Benefits website for more information)	\$1,600 Individual \$3,200 Family
<b>Out-of-Pocket Maximum (OOP Max) - Prescription</b> (See the Benefits website for more information)	\$1,500 Individual \$3,000 Family
<b>Preventive Care</b>	\$0 (FREE)
<b>Telehealth</b>	\$0 (FREE)
<b>Convenience Care Clinic Visit</b>	\$10
<b>Primary Care Physician (PCP)</b>	\$30
<b>Specialty Care Physician - CCD/Non-CCD</b>	\$45 <sup>1</sup> / \$70 <sup>2</sup>
<b>Chiropractic Services</b> ; limited to 24 visits/days per year	\$30
<b>Allergy Injections</b>	\$30
<b>Inpatient Hospital Facility &amp; Professional Services</b>	\$250 after deductible
<b>Outpatient Lab and X-Ray Facility</b>	\$0
<b>Outpatient Advanced Radiology:</b> CAT, PET, MRI, MRA Scans and Nuclear Cardiac Studies	\$0 after deductible
<b>Outpatient Surgery &amp; Professional Services</b>	\$150 after deductible
<b>Pre- &amp; Post-Natal Exams</b> (after pregnancy has been confirmed)	\$30 / \$45 <sup>1</sup> / \$70 <sup>2</sup> waived after 1st visit
<b>Urgent Care</b>	\$75, waived if admitted to hospital
<b>Emergency Room</b>	\$200, waived if admitted to hospital
<b>Ambulance</b>	\$0
<b>Durable Medical Equipment/Medical Supplies - No annual limit</b>	\$0
<b>Physical Therapy</b> Limited to 60 In- & Out-of-Network visits/days per year combined with therapies below	\$30
<b>Pulmonary Rehab, Speech, Occupational and Cognitive Therapy</b> Limited to 60 In- & Out-of-Network visits/days per year combined with Physical Therapy	\$45
<b>Cardiac Rehab</b> Limited to 36 combined In- & Out-of-Network visits/days per year	\$45
<b>Bariatric Surgery</b> 1 year waiting period from initial employment	\$1,000 copay after deductible; in addition to Inpatient Hospital Facility Services

For more detail, review the plan summaries on the Benefits Home Page at [www.maricopa.gov/benefits](http://www.maricopa.gov/benefits). In the event of a discrepancy between the information in this chart and the official plan documents and contracts, the official plan document and contracts govern.

1. You pay lower copays when you use a provider with the Cigna Care Designation (CCD).

2. You pay higher copays when you use a provider without the CCD Designation. Not all specialties are included. When the provider is not included in the CCD the higher Non-CCD copay applies.

# Medical Coinsurance/Out-of-Pocket Costs

## Cigna and UnitedHealthcare HDHP



Benefit Provision			Cigna and UnitedHealthcare HDHP	
<b>Plan Deductible</b> (Each Plan works differently. See the Benefits website for more information.)			\$1,500 Individual \$3,000 Family	\$3,000 Individual \$6,000 Family
<b>Standard Percent of Coinsurance</b>			15%	50%
<b>Out-of-Pocket Maximum (OOP Max) - Medical/Behavioral Health</b> (See the Benefits website for more information)			\$3,275 Individual \$6,550 Family	\$6,550 Individual \$13,100 Family
<b>Out-of-Pocket Maximum (OOP Max) - Prescription</b> (See the Benefits website for more information)			Included in Medical OOP Max	Included in Medical OOP Max
<b>Preventive Care</b>			\$0 (FREE) no deductible	Covered In-Network only
<b>Telehealth</b>			15% after deductible	Covered In-Network only
<b>Convenience Care Clinic Visit</b>			15% after deductible	50% after deductible
<b>Primary Care Physician (PCP)</b>			15% after deductible	50% after deductible
<b>Specialty Care Physician - CCD/Non-CCD &amp; Tier 1 / Non-Tier 1</b>			15% after deductible	50% after deductible
<b>Chiropractic Services; limited to 24 visits/days per year</b>			15% after deductible	Covered In-Network only
<b>Allergy Injections</b>			15% after deductible	50% after deductible
<b>Inpatient Hospital Facility &amp; Professional Services</b>			15% after deductible	50% after deductible
<b>Outpatient Lab and X-Ray Facility</b>			15% / 25% after deductible <sup>1</sup>	50% after deductible
<b>Outpatient Advanced Radiology:</b> CAT, PET, MRI, MRA Scans and Nuclear Cardiac Studies			15% / 25% after deductible <sup>1</sup>	50% after deductible
<b>Outpatient Surgery &amp; Professional Services</b>			15% / 25% after deductible <sup>1</sup>	50% after deductible
<b>Pre- &amp; Post-Natal Exams</b> (after pregnancy has been confirmed)			15% after deductible	50% after deductible
<b>Urgent Care</b>			15% after deductible	15% after deductible
<b>Emergency Room</b>			15% after deductible	15% after deductible
<b>Ambulance</b>			15% after deductible	15% after deductible
<b>Durable Medical Equipment/Medical Supplies - No annual limit</b>			15% after deductible	50% after deductible
<b>Physical Therapy</b> Limited to 60 In- & Out-of-Network visits/days per year combined with therapies below			15% after deductible	50% after deductible
<b>Pulmonary Rehab, Speech, Occupational and Cognitive Therapy</b> Limited to 60 In- & Out-of-Network visits/days per year combined with Physical Therapy			15% after deductible	50% after deductible
<b>Cardiac Rehab</b> - Limited to 36 combined In- & Out-of-Network visits/days per year			15% after deductible	50% after deductible
<b>Bariatric Surgery</b> 1 year waiting period from initial employment			15% after deductible	Covered In-Network only

For more detail, review the plan summaries on the Benefits Home Page at [www.maricopa.gov/benefits](http://www.maricopa.gov/benefits). In the event of a discrepancy between the information in this chart and the official plan documents and contracts, the official plan document and contracts govern.

1. UnitedHealthcare HDHP Co-Insurance is 25% if in a hospital-based facility for outpatient services; 15% Co-Insurance applies to freestanding office or facility.

# Medical Coinsurance/Out-of-Pocket Costs

## UnitedHealthcare PPO



Benefit Provision	UnitedHealthcare PPO	
	In-Network	Out-of-Network
<b>Plan Deductible</b> (Each Plan works differently. See the Benefits website for more information.)	\$750 Annual Deductible 1,500 Annual Deductible	\$1,500 Individual \$3,000 Family
<b>Standard Percent of Coinsurance</b>	15%	50%
<b>Out-of-Pocket Maximum (OOP Max) - Medical/Behavioral Health</b> (See the Benefits website for more information)	\$3,500 Individual \$7,000 Family	\$7,000 Individual \$14,000 Family
<b>Out-of-Pocket Maximum (OOP Max) - Prescription</b> (See the Benefits website for more information)	\$1,500 Individual \$3,000 Family	N/A
<b>Preventive Care</b>	\$0 (FREE)	Covered In-Network only
<b>Telehealth</b>	\$0 (FREE)	Covered In-Network only
<b>Convenience Care Clinic Visit</b>	\$20	50% after deductible
<b>Primary Care Physician (PCP)</b>	\$25 <sup>1</sup> / \$45 <sup>2</sup>	50% after deductible
<b>Specialty Care Physician - Tier 1 Non-Tier 1</b>	\$55 <sup>2</sup> / \$70 <sup>2</sup>	50% after deductible
<b>Chiropractic Services;</b> limited to 24 visits/days per year	\$40	Covered In-Network only
<b>Allergy Injections</b>	\$40	50% after deductible
<b>Inpatient Hospital Facility &amp; Professional Services</b>	15% after deductible	50% after deductible
<b>Outpatient Lab and X-Ray Facility</b>	15% / 25% after deductible <sup>3</sup>	50% after deductible
<b>Outpatient Advanced Radiology:</b> CAT, PET, MRI, MRA Scans and Nuclear Cardiac Studies	15% / 25% after deductible <sup>3</sup>	50% after deductible
<b>Outpatient Surgery &amp; Professional Services</b>	15% / 25% after deductible <sup>3</sup>	50% after deductible
<b>Pre- &amp; Post-Natal Exams</b> (after pregnancy has been confirmed)	\$25 / \$55 <sup>1</sup> or \$45 / \$70 <sup>2</sup> to confirm pregnancy; 15% other related services after deductible	50% after deductible
<b>Urgent Care</b>	\$75, waived if admitted to hospital	50% after deductible
<b>Emergency Room</b>	\$250, waived if admitted to hospital	\$250, waived if admitted to hospital
<b>Ambulance</b>	15% after deductible	15% after deductible
<b>Durable Medical Equipment/Medical Supplies -</b> No annual limit	15% after deductible per item per month	50% after deductible
<b>Physical Therapy</b> Limited to 60 In- & Out-of-Network visits/days per year combined with therapies below	\$40	50% after deductible
<b>Pulmonary Rehab, Speech, Occupational and Cognitive Therapy -</b> Limited to 60 In- & Out-of-Network visits/days per year combined with Physical Therapy	\$55	50% after deductible
<b>Cardiac Rehab -</b> Limited to 36 combined In- & Out-of-Network visits/days per year	\$55	50% after deductible
<b>Bariatric Surgery</b> 1 year waiting period from initial employment	\$1,000 copay after deductible; in addition to Inpatient Hospital Facility Services	Covered In-Network only

For more detail, review the plan summaries on the Benefits Home Page at [www.maricopa.gov/benefits](http://www.maricopa.gov/benefits). In the event of a discrepancy between the information in this chart and the official plan documents and contracts, the official plan document and contracts govern.

1. You pay lower copays when you use a Primary Care Physician or Specialist with the UnitedHealthcare Premium Tier 1 Designation.
2. You pay higher copays when you use a provider without the UHC Tier 1 Designation. Not all specialties are included. When the provider is not included in the UHC Tier 1, the higher Non-UHC Tier 1 copay applies.
3. UnitedHealthcare PPO Co-Insurance is 25% if in a hospital-based facility for outpatient services; 15% Co-Insurance applies to freestanding office or facility.

# COBRA 2020-2021 Monthly Premiums



## Medical, Prescription, Behavioral Health

Prescription and behavioral health coverage is provided as part of your enrollment in a County-sponsored medical plan. When you elect medical coverage, you are automatically enrolled in prescription and behavioral health coverage. There is one combined rate for all three plans.

## 2020-2021 Combined Medical, Prescription, Behavioral Health Premiums

Plan	Tier	Monthly Total Premium
Cigna HMO	Beneficiary	759.96
	Beneficiary + Spouse	1,479.18
	Beneficiary + Child(ren)	1,214.96
	Beneficiary + Family	1,934.86
UnitedHealthcare PPO	Beneficiary	795.48
	Beneficiary + Spouse	1,551.22
	Beneficiary + Child(ren)	1,273.59
	Beneficiary + Family	2,030.09
Cigna and UnitedHealthcare HDHP	Beneficiary	699.38
	Beneficiary + Spouse	1,357.45
	Beneficiary + Child(ren)	1,100.08
	Beneficiary + Family	1,801.37

## Vision Premiums

Plan	Tier	Monthly Total Premium
EyeMed	Beneficiary	6.94
	Beneficiary + Spouse	13.28
	Beneficiary + Child(ren)	13.44
	Beneficiary + Family	20.22

## Dental Premiums

Plan	Tier	Monthly Total Premium
Cigna Prepaid (DHMO)	Beneficiary	9.45
	Beneficiary + Spouse	15.97
	Beneficiary + Child(ren)	22.11
	Beneficiary + Family	26.03
Cigna (PPO)	Beneficiary	39.03
	Beneficiary + Spouse	85.92
	Beneficiary + Child(ren)	92.94
	Beneficiary + Family	119.32
Delta (PPO)	Beneficiary	44.90
	Beneficiary + Spouse	98.94
	Beneficiary + Child(ren)	107.04
	Beneficiary + Family	137.64

# Provider Contact Information

## Maricopa County Employee Benefits and Wellness

### Division

Maricopa County Administration Building  
301 W. Jefferson St., Suite 3200  
Phoenix, Arizona 85003-2143

Phone: (602) 506-1010  
Fax: (602) 506-2354

[www.maricopa.gov/171/benefits](http://www.maricopa.gov/171/benefits)  
[Benefits@maricopa.gov](mailto:Benefits@maricopa.gov)

## Medical Plans

### Cigna

#### Group #3205496

Customer Service (800) 244-6224  
Pre-Enrollment Questions (800) 401-4041  
(March 30-June 30)  
24-Hour Health  
Information Line (800) 564-8982  
Your Health First (855) 246-1873  
Healthy Rewards (800) 870-3470

[www.mycigna.com](http://www.mycigna.com)  
[www.cigna.com](http://www.cigna.com)

### HSA Bank

(800) 244-6224 8 am to 8 pm EST, M-F

### UnitedHealthcare

#### Group #901632

Customer Service (888) 876-7098  
myNurseline (855) 466-7886

[www.myuhc.com](http://www.myuhc.com)

### Optum Bank

(800) 791-9361 8 am to 8 pm EST, M-F

## Prescription Plans

### Cigna HDHP Prescription Plan

(Cigna HDHP)

#### Group #3205496

Customer Service (800) 244-6224  
Home Delivery (800) 285-4812

[www.mycigna.com](http://www.mycigna.com)

### OptumRx Coinsurance Prescription Plan

(Cigna HMO and UnitedHealthcare PPO)

#### Group #512229

Member Services (866) 312-1597  
Prior Authorization (877) 665-6609  
Briova Rx Specialty Pharmacy (855) 427-4682  
Medication Therapy Mgt. (866) 352-5310

[www.optumrx.com](http://www.optumrx.com)

## Prescription Plans

### OptumRx HDHP Prescription Plan

(UnitedHealthcare HDHP)

#### Group #901632

Member Services (888) 876-7098  
Briova Rx Specialty Pharmacy (855) 427-4682  
[www.myuhc.com](http://www.myuhc.com)

## Behavioral Health

### Magellan Health Services

#### Group #N/A

(888) 213-5125

[www.magellanhealth.com/member](http://www.magellanhealth.com/member)

### Cigna Behavioral Health

(Cigna HDHP)

#### Group #3205496

(800) 274-7603 [www.mycigna.com](http://www.mycigna.com)

### United Behavioral Health

(UnitedHealthcare HDHP)

#### Group #901632

(888) 876-7098 [www.myuhc.com](http://www.myuhc.com)

## Vision

### Eye Med

#### Group #1004141

(866) 724-0782 [www.eyemed.com](http://www.eyemed.com)

## Dental

### Cigna Pre-Paid Dental (DHMO)

#### Group #2465354

(800) 244-6224 [www.cigna.com](http://www.cigna.com)

### Cigna Dental | Group #2465354

(888) 336-8258 [www.cigna.com](http://www.cigna.com)

### Delta Dental | Group #4500

(602) 938-3131 or (800) 352-6132

[www.deltadentalaz.com](http://www.deltadentalaz.com)

## Life Insurance

### Securian

#### Group #70334 (Life Insurance)

#### Group #70335 (AD & D)

General Plan Information (866) 293-6047  
Claims (888) 658-0193  
Medical Underwriting (800) 872-2214  
Continuation (866) 365-2374

## Retirement

### Arizona State Retirement System

Phoenix (602) 240-2000  
Outside Phoenix (800) 621-3778

[www.azasrs.gov](http://www.azasrs.gov)

### Public Safety Retirement System

(602) 255-5575 [www.psprs.com](http://www.psprs.com)

### Nationwide Retirement Solutions Smart Savings (Deferred Compensation)

(602) 266-2733

(800) 598-4457

[www.maricopadc.com](http://www.maricopadc.com)

## Other

### Flexible Spending Accounts

#### Discovery Benefits

M-F, 4 am-7 pm MST

(866) 451-3399

[www.discoverybenefits.com](http://www.discoverybenefits.com)

### MetLife Legal Plan (formerly Hyatt)

Plan 150 / Group #0518

(800) 821-6400

<http://info.legalplans.com>

(Access Code - 1500518)

### COBRA Administrator

#### Enrollment forms and ongoing payments

(866) 229-8292

M-F, 5 am-5 pm MST

P.O. Box 310512

Des Moines, IA 50331-0512

[benefits.maricopa.gov](http://benefits.maricopa.gov)